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STATE MS.-DE SOTO CO.

FEB 26 11 58 AM '04 44

Prepared by and Return to:
TAYLOR, JONES & ALEXANDER, LTD.
ATTORNEYS AT LAW
P. O. BOX 188
SOUTHAVEN, MS. 38671
(662-342-1300)

465 PG 683
CH. CLK.

DOROTHY P. BUFORD
GRANTOR(S)

TO

QUITCLAIM DEED

KAREN R. HAYWOOD, a
Single Person
GRANTEE(S)

For and in consideration of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good, legal sufficient and valuable consideration, the receipt of all of which is hereby acknowledged, I, **DOROTHY P. BUFORD** do hereby quitclaim and convey all of my right, title and interest unto **KAREN R. HAYWOOD, a Single Person** the following described land and property situated in the County of DeSoto, State of Mississippi, being more particularly described as follows, to-wit:

Lot 177, Section "A", 2nd Revision, STONEHEDGE PLACE PATIO HOMES, located in Section 29, Township 1 South, Range 7 West, DeSoto County, Mississippi as per plat recorded in Plat Book 34, Pages 17-18 in the Chancery Clerk's Office of DeSoto County, Mississippi.

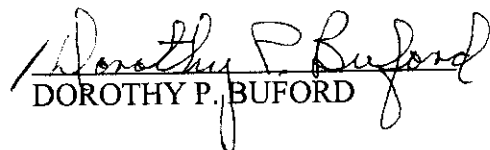
The above property is the same property conveyed to Hinds H. Buford and wife, Dorothy P. Buford and Karen R. Haywood by Warranty Deed of record in Book 423, Page 208 in the Chancery Clerk's Office of DeSoto County, Mississippi.

Hinds H. Buford passed away on or about January 3, 2004.

This conveyance is made subject to all applicable building restrictions, restrictive covenants and easements of record.

Possession of the premises is to be given by the Grantors to the Grantee, upon delivery of this Deed.

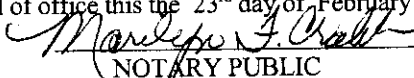
WITNESS our signature(s) this the 23rd day of February, 2004.


DOROTHY P. BUFORD

STATE OF MISSISSIPPI
COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority of law in and for the jurisdiction aforesaid, the within named, DOROTHY P. BUFORD, who acknowledged that she signed and delivered the above and foregoing instrument on the day and year therein mentioned.

GIVEN under my hand and official seal of office this the 23rd day of February 2004.


NOTARY PUBLIC

MY COMMISSION EXPIRES:

MY COMMISSION EXPIRES 9-7-2007

PROPERTY ADDRESS: 1099 CHARSTONE, SOUTHAVEN, MS. 38671

GRANTOR'S ADDRESS:

1099 Charstone
Southaven, Ms. 38671
Res# 662-536-2263
Bus# 662-536-2263

GRANTEE'S ADDRESS:

892 Tartan Trails
Bloomfield Hills, MI 48304
Res#248-563-1468
Bus#313-665-2368

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATHSTATE FILE
NUMBERE/PRINT
IN
MANENT
CK INK
FOR
CTIONS
ANDBOOK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

DIAN OR MEDICAL
NER EXECUTING
GATE MUST
ETE AND SIGN
AL CERTIFICATION
48 HOURS.INSTRUCTIONS
OTHER SIDECAUSE OF
DEATH

1. DECEDENT'S NAME (First, Middle, Last) Hinds Holman Buford				2. SEX Male		3. DATE OF DEATH (Month, Day, Year) January 3, 2004			
4. SOCIAL SECURITY NUMBER (of Decedent) 415-24-5742		5a. AGE-LAST BIRTHDAY (Years) 75		5b. UNDER 1 YEAR MOS. DAYS HOURS MIN.		6. DATE OF BIRTH (Month, Day, Year) JULY 20, 1928		7. BIRTHPLACE (City and State or Foreign Country) TUNICA, MISSISSIPPI	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No				9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA OTHER: 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)					
9b. FACILITY NAME (If not institution, give street and number) REGIONAL MEDICAL CENTER				9c. CITY, TOWN, OR LOCATION OF DEATH MEMPHIS				9d. COUNTY OF DEATH SHELBY	
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify) MARRIED		11. SURVIVING SPOUSE (If wife, give maiden name) DOROTHY POWERS		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) MECHANIC		12b. KIND OF BUSINESS/INDUSTRY TEXAS GAS TRANSMISSIONS			
13a. RESIDENCE-STATE MISSISSIPPI		13b. COUNTY DESOTO		13c. CITY, TOWN OR LOCATION SOUTHAVEN		13d. STREET AND NUMBER OR RURAL LOCATION 1099 CHARSTONE DRIVE			
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		13f. ZIP CODE 38671		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. RACE-American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12	
17. FATHER'S NAME (First, Middle, Last) HENRY HINDS BUFORD				18. MOTHER'S NAME (First, Middle, Maiden Surname) CORA MABEL JENNINGS					
19a. INFORMANT'S NAME (Type/Print) VEELY L. BUFORD				19b. RELATIONSHIP TO DECEASED SON		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) BOX 3302 DELTA STATE UNIVERSITY CLEVELAND, MS 38733			
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)				20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) FOREST HILL SOUTH CEMETERY				20c. LOCATION-City or Town, State MEMPHIS, TENNESSEE	
21a. SIGNATURE OF FUNERAL DIRECTOR HELEN BENDER				21b. LICENSE NUMBER OF FUNERAL DIRECTOR 5670		21c. SIGNATURE OF EMBALMER WILLIAM JOYNER, III		21d. LICENSE NUMBER OF EMBALMER 4341	
22a. NAME AND ADDRESS OF FUNERAL HOME FOREST HILL FUNERAL HOME EAST 2440 WHITTEN ROAD MEMPHIS, TENNESSEE 38133				22b. LICENSE NUMBER OF FUNERAL HOME 918					
23. REGISTRAR'S SIGNATURE <i>[Signature]</i>				24. DATE FILED (Month, Day, Year) JAN 22 2004					
25a. PHYSICIAN To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN				25b. LICENSE NUMBER		25c. DATE SIGNED (Month, Day, Year)			
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated. 2 <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER <i>[Signature]</i>				26b. LICENSE NUMBER 34151		26c. DATE SIGNED (Month, Day, Year) January 16, 2004			
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) Teresa A. Campbell, M.D. 1060 Madison Avenue, Memphis, TN 38104									
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Multiple Injuries DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d.								Approximate Interval Between Onset and Death	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.				29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input checked="" type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year) 1/2/04		31b. TIME OF INJURY M		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		31d. DESCRIBE HOW INJURY OCCURRED Motor Vehicle Accident	
		31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify) street		31f. LOCATION (Street and Number or Rural Route Number, City or Town, State) Memphis, TN					

BIRTH NO.

